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APPLICANTS

Robert E. Woodard, Hayward, CA;

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Dany Berube, Milpitas, CA;** CONTINUING DATA ***** *None A.R.*** FOREIGN APPLICATIONS ***** *None A.R.*IF REQUIRED, FOREIGN FILING LICENSE
GRANTED

** SMALL ENTITY **

** 02/13/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>A.R.</i>	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	17	17	2
Verified and Acknowledged	<i>Robert E. Woodard</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Ablation instrument having a flexible distal portion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing)
ACCOUNT		
RECEIVED	No. _____ for following:	

435

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit